MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

02056

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Rockville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 12 - Wall Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 12 - Wall Street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Annie Lucretia England Abert
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Dr. Charles Abert
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 10 - 1878

8. AGE: Years 61 Months 4 Days 23 If less than one day hrs. min.

9. Birthplace Rockville (Town, county, and state)
10. Usual occupation Home mfr.
11. Industry or business Own Home

FATHER
12. Name John G. England
13. Birthplace Maryland

MOTHER
14. Maiden name Annie L. Griffith
15. Birthplace Maryland

16. Informant Miss Matilda D. England
Address 12 - Wall St - Rockville

17. Burial Date thereof Feb 4 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rockville Union
Location Near Rockville
18. Funeral director Wm. Reuben Humphrey
Address Rockville - Maryland

19. Feb. 3 1940 Faye B. Bowsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1940, at 2 40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 2 1940, to Feb. 2 1940
and that I last saw h[illegible] alive on February 2 1940

Immediate cause of death — a Coronary thrombosis, acute pulmonary edema — DURATION 2 hrs.
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. V. Hartley M. D. M. D. or other
Address Rockville, Md. Date signed Feb 3, 1940

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-a)

02057

214

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery Co., Md.
City or town: Kensington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gertrude Simpson Addison

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	A.A.	Married (Separated)

B (b) Name of husband or wife: Milton Addison

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 4, 1904

8. AGE:

Years	Months	Days	If less than one day
36	0	23	hrs. min.

9. Birthplace: Kensington
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Private homes

FATHER
12. Name: Joseph M. Simpson
13. Birthplace: Laytonsville Md.

MOTHER
14. Maiden name: Belle Davis
15. Birthplace: Clarksburg Md

16. Informant: Belle Davis Simpson
Address: Kensington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 3 1940 (month) (day) (year)

Cemetery or crematory: Laytonsville Md

Location: Laytonsville Md

18. Funeral director: Robert L Snowden
Address: Rockville Md

19. 3-2 1940 (Date rec'd by registrar) Margaret C. Tremeanne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 27 1940, at 10:32 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 30 1938, to February 27 1940, and that I last saw her alive on February 27 1940.

	DURATION
Immediate cause of death: Squamous Cell Carcinoma of Cervix	Aug 1938
Due to: Multinodular Fibroma Uteri	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 9.3.38 Pan Hysterectomy & Rt. salpingoophorectomy at University of Maryland Hospital
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Webster Sewell, M.D.
M. D. or other
Address: Norbeck Md. Date signed 2-27-40

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MAR 8 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4N2)

02058

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Moulgomery
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
4815 - Moulgomery Lane
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Bethesda, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4815 Montgomery Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Henry Eugene Ayler

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katherine D. Ayler
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 23, 1865

8. AGE: Years	Months	Days	If less than one day
75	2	2	____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Retired Government Emp.
11. Industry or business

FATHER
12. Name William Henry Ayler
13. Birthplace Maryland

MOTHER
14. Maiden name Jane R. Gadfilter
15. Birthplace Pennsylvania

16. Informant Mr. Morgan
Address 4815 Montgomery Lane, Bethesda, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 27, 1940 (month) (day) (year)
Cemetery or crematory Glenwood Cemetery
Location Washington, D.C.
18. Funeral director Wm Reuben Pumphrey
Address 7005 Wisconsin Ave Bethesda Md

19. 2-26 (Date rec'd by registrar) 1940 B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 1940, to Feb 24 1940, and that I last saw h[illegible] alive on Feb 24 1940.

Immediate cause of death Carcinoma of Esophagus — DURATION 2 yrs

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Ted. Dunagle M.D.
M. D. or other
Address 1832 Belmont St. N.W. Washington D.C. Date signed Feb 25, 40

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BUREAU V. S.

Social Security No.-218-10-2458

02059

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daeth occurrad ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Francis Elmore Batch If U. S. Veteran, specify WAR

(a) Residence: No. Edmonston Rd. St., Ward. East Hyattsville, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and yaar) Feb. 28, 1919

7. AGE: Years 20 | Months 11 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Railroad Car Cleaner

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed lest worked at this occupation (month end year) Feb. 2, 1940

11. Totel time (years) spant in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Francis Louis Batch

14. BIRTHPLACE (city or town) (Stata or country) Washington D.C.

MOTHER

15. MAIDEN NAME Rose Bittner

16. BIRTHPLACE (city or town) (State or counlry) Switzerland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Bladensburg Md. Data 2-10, 1940

19. UNDERTAKER (Addrass) F. Gasch's Sons Hyattsville Md.

20. FILED Feb 10, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, Thet I attended daceasad from Feb. 3, 1940, to Feb 10, 19..

I lest saw him alive on Feb. 10, 1940; daath is seld to have occurrad on the dale statad abova, at 10:28 m.

The PRINCIPAL CAUSE OF DEATH and ralalad causes of importance were as follows:

	Date of onset
Idiopathic Purpura Hemorrhagica	1940
Secondary Hemorrhage due to Rupture of Spleen	1940

There was no accident involved. C.W.S.R.

Other Contributory Causes of Importance:

Rupture of spleen was spontaneous, and due solely to the hemorrhagic tendency resulting from the primary disease the idiopathic purpura hemorrhagica.

Name of operation None Date of

What test confirmed diagnosis? Blood Exam Was thare an eutopsy? Yes

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? None Date of injury ....., 19....

Where did injury occur? (Specify city or town, county and State)

Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury In any wey reletad to occupetion of deceased? No

If so, specify

(Signed) George M. Gibbs M.D.

(Address) Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-c)

CERTIFICATE OF DEATH

02060

Reg. Dist. No. 216

1. PLACE OF DEATH:
County Montgomery
City or town 4711 Maple Ave., Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2½ Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Bethesda, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4711 Maple Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Edward Bechtold | **3. (b) Social Security Number** 578-14-0010

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Bechtold
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1873

8. AGE:

Years	Months	Days	If less than one day
66	6	23	hrs. min.

9. Birthplace Harford County, Maryland
(Town, county, and state)
10. Usual occupation Retired Clerk
11. Industry or business
FATHER 12. Name John Jacob Bechtold
13. Birthplace Germany
MOTHER 14. Maiden name Katherine Bechtold
15. Birthplace Germany
16. Informant John H. Geiger
Address 1730 North Troy St., Arlington, Va.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15, 1940 (month) (day) (year)
Cemetery or crematory Rock Creek
Location D.C.
18. Funeral director W. Reuben Pumphrey
Address 7005 Wis Av. Bethesda Md
19. Feb. 15 (Date rec'd by registrar) 19 40 B. C. Perry M.D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from found dead on 19 arrival Feb. 13 1940, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Acute dilatation of heart	suddenly
Due to heart trouble from history obtained from wife	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. V. Hartley, M.D. M. D. or other
Address Rockville, Md. Date signed Feb. 14, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02061

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1013 Highland Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Montgomery

City or town Silver Spring Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 1013 Highland Drive (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth M. Benedict

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband ~~or wife~~ James E. Benedict

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1860

8. AGE: Years 79 Months 5 Days 27 If less than one day hrs. min.

9. Birthplace D.C. (Town, county, and state)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER 12. Name Charles Junken

13. Birthplace Germany

MOTHER 14. Maiden name Eliza Morison

15. Birthplace Scotland

16. Informant Mrs. Joseph Childs

Address 1013 Highland Drive, Woodside

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Feb. 3, 1940 (month) (day) (year)

~~Cemetery or~~ crematory Fort Lincoln

Location Bladensburg Rd., Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Feb 2 1940 (Date rec'd by registrar) F. E. Hudley Jr. Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Corner Case 19 , to 19 , and that I last saw alive on 19

Immediate cause of death Chronic myocarditis

Due to Apparently died while sleep

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks M. D. or other

Address Deputy Med. Ex. of Mont. Rockville Md. Date signed 2/11

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-C

02062

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:

County Montgomery

City or town Gaithersburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 305 Frederick - ave.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Poolesville - Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie Laura Bosley

3. (b) Social Security Number None

4. Sex F

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband ~~or wife~~ George Washington Bosley

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 15, 1861

8. AGE: Years 78 Months 7 Days 9 If less than one day ____ hrs. ____ min.

9. Birthplace Near Damascus, Maryland
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business —

FATHER
12. Name Ephriam Brown
13. Birthplace Montgomery County, Md

MOTHER
14. Maiden name Rhoda Jane Watkins
15. Birthplace Montg. County - Md

16. Informant Mrs. Charles Arno

Address Gaithersburg

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Feb. 26, 1940
(month) (day) (year)

Cemetery or crematory Monocacy Cemetery

Location Beallsville - Md.

18. Funeral director Roy W. Barber

Address Lantonsville - Md.

19. Feb 26 1940 Alveda G. Cooke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 1940, at 2 45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1935, to Feb. 24 1940, and that I last saw her alive on Feb. 24 1940.

Immediate cause of death Hypertensive Heart Disease - c Auricular Fibrillation — DURATION 5 years +

Due to Hypertension Generalized Arteriosclerosis — 5 years +

Due to — ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE M. McKendree Boyer M.D.
M. D. or other

Address Damascus - Md. Date signed Feb 24, 1940

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MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02063

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

(1317)

County Montgomery — Registration Dist. No. 223

Village or City Takoma Park — No. Wash. San. & Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Helen Bowen

If U. S. Veteran, specify WAR ____

(a) Residence: No. 840 Noyes Drive St., Ward Silver Spring, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac P. Bowen

6. DATE OF BIRTH (month, day, and year) Oct. 12 - 1869

7. AGE	Years	Months	Days	If LESS then 1 day, ____ hrs. or ____ min.
	70	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home maker.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

FATHER

13. NAME John B. McKall

14. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Jackson

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Wash. San. Hospital Records (Address)

18. BURIAL, ~~CREMATION~~ OR REMOVAL Place Port Republic, Md. Date 2-13-1940

19. UNDERTAKER Robert A. Hartness (Address) Mutual, Md.

20. FILED Feb 11, 1940 J. Fletcher Duvall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937, to February 11, 1940

I last saw her alive on February 11, 1940; death is said to have occurred on the date stated above, at 11:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 1-1-30
Chronic Interstitial Nephritis	1-1-30
Generalized Arteriosclerosis	1-1-30
Other Contributory Causes of importance: Upper Respiratory Infection	2-2-40
Exhaustion	3-20-37

Name of operation — None — Date of —

What test confirmed diagnosis? EKG & lab. tests Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Housemaker M. D.

(Address) 8081 Fakeland Dr., Silver Spring, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02964

Reg. Dist. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: Woodrow Avenue, Cabin John, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 4 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Cabin John Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Woodrow Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Carol Bowman

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Nancy Pollie Scarboro
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 29, 1869

8. AGE: Years	Months	Days	If less than one day
71	4	8	hrs. min.

9. Birthplace: Georgia
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: John Bowman
13. Birthplace: England

MOTHER
14. Maiden name: Addie Carol
15. Birthplace: Georgia

16. Informant: Mrs. W. D. Hannon
Address: Woodrow Avenue, Cabin John, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 10, 1940 (month) (day) (year)
Cemetery or crematory: Candor, North Carolina
Location: Candor, North Carolina

18. Funeral director: W. Reuben Tumphrey
Address: Took Wis Ave Bethesda Md

19. Feb. 9th 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7th 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20th 1940 to Feb. 7th 1940, and that I last saw h- alive on Feb. 6th 1940

Immediate cause of death	DURATION
Bronchopneumonia	10 days
Due to Exposure & senility	
Due to Arteriosclerosis	Unknown
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Wheeler O. Huff M.D. or other
Address: Bethesda, Md. Date signed: Feb. 8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

02065

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Pk. Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 42 - Farragut St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Chester Leigh Buchanan

3. (b) Social Security Number none

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1932.

8. AGE: Years 7 Months 4 Days 28 If less than one day hrs. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Hugh Buchanan
13. Birthplace North Carolina

MOTHER
14. Maiden name Pearl La Dosca Hodges
15. Birthplace North Carolina

16. Informant Mrs Pearl La Dosca Buchanan
Address 42 - Farragut St. Kensington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 24, 1940 (month) (day) (year)

Cemetery or crematory Ft. Lincoln

Location Prince George Co

18. Funeral director Warner E. Pumphrey.
Address 8424 Ga ave., Silver Spring Md

19. Feb. 24 1940 (Data rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940, at 6.53 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 , and that I last saw n alive on 19 .

Immediate cause of death Probably hemorrhage of brain with fracture of skull

Due to Contributing was shock & fracture of right femur

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/22/40

Where did injury occur? Kensington (City or town) Mont (County) Md (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Hit by truck Injured at work? No

23. SIGNATURE C. E. Hawks M. D. or other
Deputy Med. Ex. of Mont. Co

Address Rockville Md Date signed 2/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15 (M) (I) (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

02066

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 206 Fairmont St., Bethesda, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 206 Fairmont St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mary E. Burdette

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George Burdette

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 18, 1846

8. AGE: Years: 94 Months: 1 Days: 0 If less than one day ____ hrs. ____ min.

9. Birthplace: Montgomery County, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Fields
13. Birthplace: Maryland

MOTHER
14. Maiden name: ?
15. Birthplace: ?

16. Informant: Mr. A. W. Fields

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Feb. 20, 1940 (month) (day) (year)

Cemetery or crematory: Potomac

Location: Potomac, Maryland

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wis Ave. Bethesda Md

19. Feb. 19 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 18 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3rd 1940, to Feb. 18th 1940, and that I last saw her alive on Feb. 18 1940

Immediate cause of death: Bronchopneumonia — DURATION: 7 days

Due to: Senility + exposure

Due to:

Other conditions: Chronic valvular heart disease. — Two years
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Wheeler O. Huff M.D. or other

Address: Bethesda, Md. Date signed: 2/19/40

RECEIVED
MAR 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02067

(1248)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Carey Mrs. Louise Josephine If U. S. Veteran, specify WAR

(a) Residence: No. 1900 Lamont St., N.W. St., Ward. Wash., D.C. ✓
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	American	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr. Joseph Carey

6. DATE OF BIRTH (month, day, and year) July 24, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	54	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) June, 1939

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Mr. Timothy O'Neil

14. BIRTHPLACE (city or town) Georgetown
(State or country) Wash., D.C.

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Washington Sanitarium Records
(Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. D.C. Date 2/9/, 1940

19. UNDERTAKER Joseph Gawler's Sons
(Address) 1756 Pa. ave. N.W.

20. FILED Feb. 9th, 1940 J. Hilton Dodd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1940, to February 9, 1940

I last saw her alive on February 8, 1940; death is said to have occurred on the date stated above, at 2 23 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Atrophic cirrhosis of the liver	?

Other Contributory Causes of importance:

Myocardial failure	?
Sanitation	

Name of operation 0 Date of

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: 0

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Hobbs M. D.

(Address) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186(a)

02068

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: Montg Co

County

City or town Gaithersburg Md City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Methodist Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr 2Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ~~Md~~ VA County ~~Montg~~

City or town ~~Gaithersburg Md~~ MIDDLEBURG Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Rebecca G Carter

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17th 1841

8. AGE:	Years	Months	Days	If less than one day
1841	98	4	2	hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation House Keeping

11. Industry or business

FATHER
12. Name Benjiman Carter
13. Birthplace Va

MOTHER
14. Maiden name RebeccaRust
15. Birthplace Va Mrs

16. Informant Methodist Home, M D Elmore
Gaithersburg Md
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof feb 22/40 (month) (day) (year)

Cemetery or crematory Sheran Cemetary
Middleburg Va

Location

18. Funeral director Ernest C Gartner
Gaithersburg Md
Address

19. Feb 21 1940 (Date rec'd by registrar) Abuda G. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Feb 19 1940, and that I last saw her alive on Feb 19 1940.

Immediate cause of death Fracture right humerus

DURATION 2 weeks.

Due to Accidental fall from slipping on the floor in her room, ten to twelve

Due to days ago. C.W.G.R.

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident. Date of

Where did injury occur? in her room. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Accidental fall. Injured at work?

23. SIGNATURE Esther F. Kuhn, M.D. M. D. or other

Address Rockville, Md Date signed Feb 20, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-C

CERTIFICATE OF DEATH

02069

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 6309 Ridgewood Ave., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): About 2 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6309 Ridgewood Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mr. Everard J. Carver

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Emma P. Carver

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): April 4, 1904

8. AGE:

Years	Months	Days	If less than one day
35	10	0	____ hrs. ____ min.

9. Birthplace: Wisconsin
(Town, county, and state)

10. Usual occupation: Security Salesman

11. Industry or business

FATHER
12. Name: Judd Carver
13. Birthplace: Wausau, Wisconsin

MOTHER
14. Maiden name: Dora Nahmons
15. Birthplace: Plover, Wisconsin

16. Informant: Mrs. E. J. Carver
Address: 6309 Ridgewood Ave., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 5, 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Wausau, Wisconsin

18. Funeral director: Wm. Reuben Pumphrey

Address: Rockville & Bethesda, Md.

19. Feb. 5 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 4 1940, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 11 1940 to February 4 1940, and that I last saw him alive on February 4 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	11 hours
Due to: Essential Hypertension	2
Due to:	
Other conditions: Hypertensive Heart Disease	Probably 6 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Michael J. McInerney, M.D. M. D. or other

Address: 5420 - Conn Ave Washington, D.C. Date signed: 2-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

FEB 17 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-4)

02070

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montg Co
City or town: Gaithersburg Md R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montg
City or town: Gaithersburg R F D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Franklin C Chapman

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 10th 1881

8. AGE: Years	Months	Days	If less than one day
1881 59	8	9	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farmer & Laborer

11. Industry or business

FATHER
12. Name: George Chapman
13. Birthplace: Md

MOTHER
14. Maiden name: Sarah Burrough
15. Birthplace: Md

16. Informant: Miss Rose Hutton
Address: Gaithersburg Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) Feb 22 40
Cemetery or crematory: Cloppers Md
Location: Near Gaithersburg Md

18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md

19. (Date rec'd by registrar) Feb 21 1940 Registrar: Rhoda G Cooke

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 20 1940, at 9 00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15 1938, to February 20 1940, and that I last saw him alive on February 19 1940.

	DURATION
Immediate cause of death: Acute myocardial failure	3 days
Due to: Chronic degenerative cardio-vascular disease	more than 5 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo D Selby, M.D.
M. D. or other
Address: Dawsonville, Md. Date signed 2-20-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46B)

02071

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Montgomery County General Hospital Inc
Stay in hospital or inst. (yrs., or mos., or days) 56 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 16 W Ervin St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Edward Church

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Letha Church (Separated)
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): September 10, 1865

8. AGE: Years 74 | Months 5 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: —
FATHER
12. Name: Melton Church
13. Birthplace: Maryland
MOTHER
14. Maiden name: Ellen Davis
15. Birthplace: Maryland
18. Informant: Hospital Records
Address
17. Birth (Burial, cremation, or removal. Which?) Date thereof Feb 13 1940 (month) (day) (year)
Cemetery or crematory: Mtzion Md
Location: Montgomery Co
18. Funeral director: Robert L. Snouder
Address: Rockville Md
19. Feb 13 1940 (Date rec'd by registrar) Gertrude B Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1940, at 8 A.M. 35
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17 1940, to February 11 1940, and that I last saw him alive on February 11 1940.

Immediate cause of death: Carcinoma of Stomach — DURATION: 1 yr
Due to
Due to: Secondary Anormia — 3 mos
Other conditions
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: [signature] M. D. or other
Address: Sandy Spring, Md Date signed 2/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02072

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 13 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg, Md. R#1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Ralph D. Clinedinst

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Elsie E Clinedinst

6(c) If alive, give age years

Month date of deceased (mo., day, yr.) November 15, 1879

8. AGE:

Years	Months	Days	If less than one day
60	3	4	hrs. min.

9. Birthplace Edenburg, Virginia.
(Town, county, and state)

10. Usual occupation Laborer (No occupation at present)

11. Industry or business Farm

FATHER
12. Name Isaac Clinedinst
13. Birthplace Virginia

MOTHER
14. Maiden name Ida Frances Patton
15. Birthplace Virginia

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 21 1940 (month) (day) (year)

Cemetery or crematory Hawkinstown

Location Page Co Va

18. Funeral director Roy W Barber

Address Laytonsville Md

19. Feb 19 1940 (Date rec'd by registrar) Gertrude B Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 3:P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 1940, to February 19 1940, and that I last saw him alive on February 19 1940.

Immediate cause of death Bronchio Pneumonia — DURATION 4 days

Due to

Due to Pulmonary Infections was admitted 13 days ago — ?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE [signature] M.D. M. D. or other

Address Sandy Spring, Md Date signed 2/19/40

VS A15 (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

02073

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rural Near Darnestown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R 7 D# 3 Gaithersburg Md

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 38 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural Near Darnestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R 7 D# 3 Gaithersburg
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Grasie O. Cochran

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Arthur L. Cochran

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.): Dec. 13th 1875

8. AGE: Years 64 | Months 1 | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace: Rippon W. Va.
(Town, county, and state)

10. Usual occupation: Marketing (Poultry etc).

11. Industry or business: Minor farming + Housewife

FATHER
12. Name: Geog. D. Savage
13. Birthplace: W. Va

MOTHER
14. Maiden name: Martha E. Ballenger
15. Birthplace: W. Va

16. Informant: Mrs Martha Cochran
Address: R 7 D# 3 Gaithersburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 6 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Forest Oak

Location: Gaithersburg Md

18. Funeral director: Wm. R. Pumphrey
Address: Rockville Md

19. Feb 5 1940 (Date rec'd by registrar) Upton D. Nourse M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3d 1940, at 11P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from On Feb 3d 1940, to — 19__, and that I last saw her alive on Feb. 3d 1940.

Immediate cause of death: Accidental Fall. Fracture of Skull. — DURATION: 2 hrs

Due to: Cerebral Hemorrhage. — —

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of Feb 3d 1940

Where did injury occur? Rural near Darnestown Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury: Accidental Fall down cellar stairs. Injured at work? no

23. SIGNATURE: Upton D. Nourse M.D. M. D. or other

Address: Dawsonville Md Date signed Feb 4/40

VS A15 (I) (T) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

02074

Reg. Dist. No. 244

1. PLACE OF DEATH

County Montgomery

City or town Silver Spring. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8107- Ga. Ave. Silver Springs. Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Kensington Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Theodore L. Columbus.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	Divorced

6 (b) Name of [redacted] or wife ?

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3rd 1896

8. AGE: Years	Months	Days	If less than one day
43	6	30	hrs. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual occupation Guard, Dept. of Interior

11. Industry or business

FATHER
12. Name Lewis Columbus.
13. Birthplace Washington, D.C.

MOTHER
14. Maiden name Flora Berger.
15. Birthplace Louisiana.

16. Informant Fred C. Columbus.
Address 1875- Mintwood Pl. N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Wash. D.C. 2-6-40 (month) (day) (year)

Cemetery or crematory ~~Washing~~ Arlington Nat'l Cemetery

Location Arlington Co. Va.

18. Funeral director W. W. Chambers Co.
Address 1400- Chapin St. N.W.

19. Feb. 3 1940 (Date rec'd by registrar) F. E. Hudley Jr. Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 ,
and that I last saw h[illegible] 19

Immediate cause of death Acute Cardiac Failure. Died in bed suddenly unattended by physician

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Hawks
Deputy med examiner of Mont Co
Address Bockville Md Date signed 2/2/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

02075

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Brookeville, Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Between Brookeville & Sunshine
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Gladys Marie Craver.

3. (b) Social Security Number:

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Female	White	Single

8 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 25, 1923

8. AGE: Years	Months	Days	If less than one day
16	4	24	hrs. min.

9. Birthplace: Brookeville, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: Home.

FATHER 12. Name: Mr. Simon Craver

FATHER 13. Birthplace: Brookeville, Montg. Co. Maryland

MOTHER 14. Maiden name: Miss Nellie Dailey

MOTHER 15. Birthplace: Brookeville, Montg. Co. Maryland

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 22-1940 (month) (day) (year)

Cemetery or crematory: Mt Carmel

Location: Near Unity Md

18. Funeral director: Roy W. Barber

Address: Laytonsville Md

19. Feb 21 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19 1940, at 9 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 1940, to February 19 1940, and that I last saw her alive on February 19 1940.

Immediate cause of death	DURATION
acute Parenchymatous	
Due to Nephritis	6 wks
Due to Uraemia	1 wk
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. M. Craver M. D. or other

Address: Sandy Spring, Md. Date signed: 2/20/40

RECEIVED
MAR 7 1910
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02076

Reg. Dist. No. 218

1. PLACE OF DEATH: Montg Co

County Germantown Md R F D

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Montg

City or town Germantown Md R F D Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard E Crawford

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nettie C Crawford

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 15th 1880

8. AGE: Years	Months	Days	If less than one day
1880 60	0	4	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer And Farm Laborer

11. Industry or business

FATHER 12. Name Geo L Crawford

13. Birthplace Maryland

MOTHER 14. Maiden name Sara Case

15. Birthplace Maryland

16. Informant Nettie C Crawford

Address Germantown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 22 40 (month) (day) (year)

Cemetery or crematory Neelsville Cemetary

Location Germantown Md

18. Funeral director Ernest C Gartner

Address Gaithersburg Md

19. Feb. 21 1940 (Date rec'd by registrar) Alreda L. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb- 19 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 8 1940, to Feb-19 1940, and that I last saw him alive on Feb-19 1940

Immediate cause of death	DURATION
Lobar Pneumonia	11 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Miller, M.D. M. D. or other

Address Gaithersburg, Md Date signed 2/20/40

RECEIVED
MAR 6 1940
BUREAU V. S.

Social Security No.- 578-01-1883 012177

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-6

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foralgn birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Harris L. Curtiss If U. S. Veteran, specify WAR ...

(a) Residence: No. 515 Summerset Place W St., Ward. Washington, D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Anna L. Curtiss

6. DATE OF BIRTH (month, day, and yaar) Oct-15-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Plumber

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Plumbing

10. Data decaasad last worked at this occupation (month and year) 2/19/40

11. Total time (years) spant in this occupation 15 yrs

12. BIRTHPLACE (city or town) Washington (State or country) D.C.

FATHER

13. NAME Harry L. Curtiss Jr.

14. BIRTHPLACE (city or town) Washington (Stata or country) D.C.

MOTHER

15. MAIDEN NAME Martha Williams

16. BIRTHPLACE (city or town) Washington (Stata or country) D.C.

17. INFORMANT (Address) Washington Sanitarium Hosp. Records Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date 2-27-, 1940

19. UNDERTAKER (Addrass) W. W. Chambers 1400 Chapin St. N.W.

20. FILED Feb. 27, 1940 J. Wilson Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 24, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1940, to February 24, 1940

I last saw him alive on 2-23-, 1940; death is sald to have occurred on the data statad above, at 2:10 a.m.

The **PRINCIPAL CAUSE OF DEATH** and ralatad causes of importance were as follows:

	Data of onset
Arteriosclerosis, generalized	1920
Chronic cystic nephritis	1920
Acute left coronary artery occlusion	Feb 20 1940

Other **Contributory Causes** of importanca:

Myocardial insufficiency due to ischemia	Feb 20 1940

Name of operetion none Date of —

What tast confirmad diagnosis? Clinical Findings Was there an autopsy? Yes

23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury ...

Nature of injury ...

24. Was disaase or injury in any wey related to occupation of deceased? no

If so, specify ...

(Signed) Norman C. Shoemaker M. D.

(Addrass) Silver Spring, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

02078

CERTIFICATE OF DEATH

Reg. Dist. No. 21x

1. PLACE OF DEATH:

County Montgomery

City or town Barnesville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Poolesville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie D. Darby

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29 1862

8. AGE: Years 77 | Months 5 | Days 19 | If less than one day hrs. min.

9. Birthplace Dawsonsville, Montg. Co. Md (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name Thomas Darby

13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Dawson

15. Birthplace Maryland

16. Informant Thomas Darby

Address Seneca, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/10/40 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilton

Address Barnesville, Md

19. 2/9/40 (Date rcvd by registrar) 19 Mrs C. C. Hilton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 8th 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1934 to Feb 8th 1940, and that I last saw her alive on Feb 7th 1940.

Immediate cause of death Acute myocarditis DURATION 2 da.

Due to General arterial sclerosis 10 yrs

Due to

Other conditions Chronic myocarditis ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Upton D Thomas M.D. M. D. or other

Address Barnesville Md Date signed 2/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-B)

02079

CERTIFICATE OF DEATH

Reg. Dist. No. 312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Near Barnesville (R.F.D. Boyd)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Francis E. Davis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Lula H. Davis

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Sept 13-1870

8. AGE:

Years	Months	Days	If less than one day
69	5	1	____ hrs. ____ min.

9. Birthplace: Germantown, Montg. Co. Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Charles E. Davis
13. Birthplace: Va.

MOTHER
14. Maiden name: Catherine Trail
15. Birthplace: Md.

16. Informant: Mrs Francis Davis
Address: Boyd, R.F.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/16/40 (month) (day) (year)

Cemetery or crematory: Monocacy

Location: Beallsville, Md

18. Funeral director: William B. Hilton

Address: Barnesville, Md

19. Feb. 15 1940 (Date rec'd by registrar) Mrs. C.C. Nilton Registrar C.C.N.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 14 1940, at 8.9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1938 to Feb 14 1940, and that I last saw him alive on Feb 13th 1940.

	DURATION
Immediate cause of death: acute myocarditis	2 days
Due to: Mitral insufficiency	1936
Due to: Chronic cystitis	1938
Due to:	
Other conditions: Hypertrophy of Prostate	1937

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E W White M. D. or other

Address: Poolesville Date signed: 3/15/40

RECEIVED
MAR 6 1968
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

02080

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery Co
City or town Sandy Springs, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Sandy Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Thomas Davis
3. (b) Social Security Number None

4. Sex Male
5. Color or race A.A.
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 12, 1897
8. AGE: Years 42. Months 11 Days 23 If less than one day hrs. min.
9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation unemployed.
11. Industry or business
FATHER 12. Name William Davis
13. Birthplace Sandy Springs, Md
MOTHER 14. Maiden name Emma Maxon
15. Birthplace Baltimore, Md.
16. Informant William E. Hood
Address Sandy Springs, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 8, 1940 (month) (day) (year)
Cemetery or crematory Sandy Springs
Location Sandy Springs, Md
18. Funeral director Robert L. Snowden
Address Rockville, Md.
19. Feb 8 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 1938 to Feb. 5 1940, and that I last saw him alive on February 2 1940.

Immediate cause of death	DURATION
Cardiorenal Disease	?
Pancarditis	
Due to Glomerulo Nephritis Chr. with edema	?
Due to Arthritis	?
Other conditions Kyphosis + Spinal Curv.	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Webster Sewell, M.D.
M. D. or other
Address Norbeck Md. Date signed 2.8.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

02081

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:
County Montgomery
City or town Forest Glenn Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mabel Catherine Davis

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	col	single

6 (b) Name of husband or wife
Jan 4 1940 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1940

8. AGE: Years | Months | Days 30 | If less than one day ____ hrs. ____ min.

9. Birthplace Forestglen
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Stanford Davis
13. Birthplace almaden va

MOTHER 14. Maiden name Rosaline Hart
15. Birthplace Washington DC

16. Informant Rosaline Hart
Address Forestglen

17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb 5 1940 (month) (day) (year)
Cemetery or crematory County Home
Location Rockville Md

18. Funeral director Robert L Snowden
Address Rockville Md

19. 2-4 1940 (Date rec'd by registrar) Margaret C. Trescearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 7.30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____, 19__, to ____, 19__, and that I last saw h__ alive on ____, 19__.

Immediate cause of death Strangulation & asphyxia

DURATION

Due to Caused by coal gas

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Operations

Autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 2/2/40
Where did injury occur? Forest Glenn (City or town) Montgomery (County) Md (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Self Located Injured at work? no

23. SIGNATURE C E Hawks M.D.
Address Rockville md Date signed 2/3/40

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FEB 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02082

Reg. Diat. No. 211

1. PLACE OF DEATH:
County: Montgomery
City or town: Poolesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 76-11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Poolesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Franklin B. Day

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

6 (b) Name of husband or wife: Cora Day
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1864

8. AGE:

Years	Months	Days	If less than one day
76	0	11	hrs. min.

9. Birthplace: Mt. Lewisdale, Md. (Town, county, and state)
10. Usual occupation: Farmer - Retired
11. Industry or business: General Farming

FATHER
12. Name: James Wilkerson Day
13. Birthplace: Mt. Brownsville, Md.

MOTHER
14. Maiden name: Sarah E. Beall
15. Birthplace: Mt. Lewisdale, Md.

16. Informant: Jesse B. Day
Address: R. D. Clarksburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 18, 1940 (month) (day) (year)
Cemetery or crematory: Hyattstown Christian Church
Location: Hyattstown, Md.

18. Funeral director: J. B. Beall, Jnr.
Address: Damascus, Md.

19. Feb. 17 1940 (Date rec'd by registrar) Della N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 15, 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15, 1940, to 19..., and that I last saw him alive on Feb. 15, 1940.

	DURATION
Immediate cause of death: Probably Cerebral Haemorrhage	5 min-
Due to Hypertension	Unknown
Due to Arteris sclerosis	Unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George M. Boyer, M. D. or other
Address: Damascus, Md. Date signed: 2-17-40

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MAR 5 1940
BUREAU V. S.

02083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery County

City or town Tokoma Park Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium Carroll ave

Stay in hospital or inst. (yrs., or mos., or days) 1 da

Stay in this community (yrs., or mos., or days) 1 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Pro Geo Co

City or town Edmonston Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5 th st

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles L. Dearstine

3. (b) Social Security Number None

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced widower

6 (b) Name of husband or wife Mary Ellen Dearstine

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Wisconsin Oct 29/1864

8. AGE: Years 74 years | Months 3 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual occupation Laborer & General

11. Industry or business hauling

FATHER

12. Name Samuel (unknown)

13. Birthplace Wisconsin

MOTHER

14. Maiden name unknown

15. Birthplace unknown

16. Informant Mrs Ruth Hughes (daughter)

Address 4335 Harrison st Washington D C

17. Removal (Burial, cremation, or removal) Which?) Date thereof Feb 3, 1940 (month) (day) (year)

Cemetery or crematory Hyattsville Md (removal)

Location Hyattsville Md

18. Funeral director F Gasch's Sons

Address Hyattsville Md

19. Feb 3 1940 (Date rec'd by registrar) J W Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 6 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1940 to Feb 3 1940, and that I last saw him alive on Feb 3, 1940

Immediate cause of death Bronchopneumonia

Due to Influenza

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

1 day

4 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence W. Malin M D M. D. or other

Address Riverdale, Md Date signed Feb 3, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 15 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02084

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Cheny Chase No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Horace Austin Dodge If U. S. Veteran, specify WAR No

(a) Residence: No. 27 Quincy St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L.

6. DATE OF BIRTH (month, day, and year) June 5, 1868

7. AGE Years 71 Months 8 Days 9 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME William C.

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Elizabeth A. Scribner

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT (Address) Mrs F. C. McCord. 27 Quincy St.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Place Wash. D.C. Date 2-15, 1940

19. UNDERTAKER (Address) Jos. Fowler's Sons 1756 Penna Ave N.W.

20. FILED 2-15-, 1940 Thomas K Conrad Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Feb 13, 1940

I last saw him alive on Feb 13, 1940; death is said to have occurred on the date stated above, at 3:27 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other Contributory Causes of importance:

Congestive heart failure

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Jesse Shaw

(Signed) 901-2 m St. D.C. M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
MAR 5 1940
BUREAU V. S.

Example I.

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-a

02085

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or insf. (yrs., or mos., or days) 1 day.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Colesville —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dodson

3. (b) Social Security Number —

4. Sex: Female.

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 17, 1940.

8. AGE: Years | Months | Days | If less than one day 15 hrs. 15 min.

9. Birthplace Olney, Montg. Co, Maryland.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Walter Lee Dodson.
13. Birthplace Darnestown, Md.

MOTHER
14. Maiden name Dora Case
15. Birthplace Wheaton, Md.

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 19, 1940 (month) (day) (year)

Cemetery or crematory home cemetery (Case)

Location about 4 miles from Silver Spring

18. Funeral director Walter Dodson (father)

Address Silver Spring, Md. R#2

19. Feb 18 1940 (Date rec'd by registrar) Gertrude B Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 12 30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17 1940, to February 18 1940, and that I last saw him alive on February 18 1940.

Immediate cause of death Basilar Hemorrhage

Due to

Due to Birth injury; no instrumental

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Sandy Spring, Md Date signed 2/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02086

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Wunvall, Jr. If U. S. Veteran, specify WAR

(a) Residence: No. 1420 River Rd. St., Ward. No social Security No

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Wunvall

6. DATE OF BIRTH (month, day, and year) Oct. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janitor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Rockville Courthouse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksburg Md.

FATHER

13. NAME John L. Wunvall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bessie Wunvall

(Address) 1420 River Rd. Bethesda

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Lincoln Mem. Gm. Date 2-22, 1940

Suitland, Md.

19. UNDERTAKER W. E. Jarvis

(Address) 1432 U St. N.W. Wash. D.C.

20. FILED 2-19, 1940 B. C. Perry, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 19th, 1940

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1939, to Feb. 19, 1940

I last saw him alive on Feb 19, 1940; death is said to have occurred on the date steted above, at 12:00 Noon m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other Contributory Causes of Importance:

Neme of operetion None Dete of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) E. L. Lawrence M. D.

(Address) Bethesda, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAR 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02687

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town RURAL Near Layhill, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town RURAL NEAR Layhill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME ANDREW JACKSON EASTON

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Lydia M. Easton
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1863

8. AGE: Years	Months	Days	If less than one day
76	5	17	hrs. min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name John L. Easton
13. Birthplace Montgomery Co. Md

MOTHER
14. Maiden name Harriett Lowe
15. Birthplace Montgomery Co. Md

16. Informant Mrs. Ina L. Bray
Address 6615 6th St, N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 20, 1940. (month) (day) (year)
Cemetery or crematory Lay Hill, Md.
Location Lay Hill, Md.
18. Funeral director Warner E. Pumphrey
Address 8424 Ga. ave, Silver Spring Md

19. 2/20 1940 F. E. Bradley Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-18- 1940, at 0A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 1936, to Feb 12 1940, and that I last saw him alive on Feb 12 1940.

Immediate cause of death	DURATION
CORONARY occlusion	1 day
Due to CORONARY Thrombosis	?
Due to	
Other conditions HYPERTENSION.	?
ACUTE CATARRAL fever (Include pregnancy within 3 months of death)	8 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Wilkins Leach M. D.
Address Kensington Md Date signed 2-19-40

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MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02088

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

(79-a)

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. 8013 Saratoga Ave. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Emma Jane Kip Edwards

(a) Residence: No. 8013 Saratoga Ave St., Ward Silver Spring, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Thomas Edwards

6. DATE OF BIRTH (month, day, and year) April 11, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
79	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Jersey City (State or country) New Jersey

FATHER

13. NAME Phillip H. Kip

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Jane E. Payton

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT John Kip Edwards (Address) 8013 Saratoga Ave, S.S.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Cedar Lawn Cemetery, Paterson N. J. Date Feb. 12, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring Md

20. FILED 2-11, 1940 F. E. Dudley, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 7 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to February 7, 1940

I last saw h~~er~~ alive on February 7, 1940; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1930

Other Contributory Causes of importance:

Old age - general debility

Name of operation — Date of

What test confirmed diagnosis? Blood tests Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. M. A. Thompson M. D.

(Address) 113 Carroll St. N. W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 8 1940 U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

02089

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgo. Co.
City or town: Sandy Spring, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgo.
City or town: Sandy Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Archie Nathan Evans
3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1938

8. AGE: Years	Months	Days	If less than one day
1	5	18	hrs. min.

9. Birthplace: Sandy Spring, Md. (Town, county, and state)
10. Usual occupation: Infant
11. Industry or business
FATHER 12. Name: Samuel Evans.
13. Birthplace: Greensville, S. C.
MOTHER 14. Maiden name: Florence Mathews
15. Birthplace: Sandy Spring, Md
16. Informant: Florence Evans.
Address: Sandy Spring, Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb. 29, 1940 (month) (day) (year)
Cemetery or crematory: Sandy Spring, Md
Location: Sandy Spring, Md.
18. Funeral director: Robert L. Snowden
Address: Rockville, Md.
19. Feb 28 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 28 1940, at 1:50 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27 1940, to Feb. 28 1940, and that I last saw him alive on February 27 1940.

Immediate cause of death	DURATION
Bronchs Pneumonia	Unknown
Due to Congenital Heart Disease	17 mo
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas E Smithson M. D. or other
Address: Sandy Spring Md. Date signed 2/29/40

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02090

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 8512 Georgia Ave.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town 8512 Georgia Ave. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Silver Spring, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lee Jay

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Chinese	Married

6 (b) Name of ~~husband or~~ wife Ng She

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
34	?	?	____ hrs. ____ min.

9. Birthplace China (Town, county, and state)

10. Usual occupation Restaurant Proprietor

11. Industry or business

FATHER

12. Name Lee Lun Shue

13. Birthplace U.S.A.

MOTHER

14. Maiden name Unknown

15. Birthplace China

16. Informant Louie Gee Ling

Address 8512 Georgia Ave, Silver Spring

17. Removal (Burial, cremation, or removal. Which?) Date thereof Feb. 7, 1940 (month) (day) (year)

Cemetery or crematory

Location New York City, N. Y.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Feb. 7 1940 (Date rec'd by registrar) F. B. Lindley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw ____ alive on ____ 19____

Immediate cause of death: Progressive Nerve Paralysis probably due to Sodium Fluoride poisoning by mistake for sugar as found

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/4/40

Where did injury occur? 1829-17th St NW (City or town) Washington (County) D.C. (State)

Injured at home, farm, industry, public place (where?)

Means of injury Poison Sod Fluoride Injured at work? No

23. SIGNATURE C. Hawks Jr. Coroner and Physician (Official capacity, if any, or other)

Address Rockville Md Date signed 2/6/40

FEB 20 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

02091

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1113 Glen Ross Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 months.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1113 Glen Ross Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Louise Fenno

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of ~~husband or wife~~ Edmund Howard Fenno Everett

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1855

8. AGE:

Years	Months	Days	If less than one day
84	5		____ hrs. ____ min.

9. Birthplace Northalington, Mass (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name George Bates Merrill

13. Birthplace Lebo, Maine

MOTHER

14. Maiden name ~~Ellen~~ Eleanor Warren Randall

15. Birthplace Dedham, Mass.

16. Informant Mrs E. S. Fairell

Address 1113 Glen Ross Rd - Silver Spring, Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Feb. 27, 1940 (month) (day) (year)

Cemetery or crematory

Location Rockland, Mass.

18. Funeral director Joseph Sawtell & Sons

Address Rena. Ave. N.W. Wash., D.C.

19. Feb. 26 1940 (Date rec'd by registrar) E. E. Hundley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1940, at 6:02 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb. 16 1940, to Feb. 25 1940, and that I last saw h~~er~~ alive on Feb. 24 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	~~One~~ hour
Due to: Hypertension	?
Due to:	
Other conditions: Chronic Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Marion Sandoval M. D. or other

Address Silver Spring, Md. Date signed 2/25/40

8402
Maple

RECEIVED
MAR 8 1940
BUREAU V. S.

02092

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-P)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Rural Near Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Clifton Park (Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Silver Spring)
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Myrtle E. Fisher

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~ Samuel G. Fisher

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1891

8. AGE: Years 59 | Months 0 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Kansas
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Wm. E. Canavan
13. Birthplace Kansas

MOTHER
14. Maiden name Dora Gaskill
15. Birthplace N. J.

16. Informant Samuel G. Fisher

Address Silver Spring, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 1, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Washington Memorial Park

Location Igga Rd., Pr. Geo. Co., Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Feb. 29 1940 (Date rec'd by registrar) F. E. Hudley Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1940, at 11 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 14 1937, to February 28 1940 and that I last saw her alive on February 27, 1940

Immediate cause of death: Toxemia

Due to Carcinoma of Uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 weeks; 3½ years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE H. H. Howlett, M.D. M. D. or other

Address 928 Sligo Avenue Silver Spring, Md. Date signed Feb. 28, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1918
BUREAU V. S.

02093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46F)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 9019 Colesville Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 29 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Montg.

City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9019 Colesville Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Emily Gillman

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1872

8. AGE: Years 67 Months 1 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Lt. Howard M. Gillman
13. Birthplace N. Y.

MOTHER
14. Maiden name Emily E. Magne
15. Birthplace Md.

16. Informant Howard M. Gillman

Address 9019 Colesville Rd., S. Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Arlington National

Location Fort Meyer, Va.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Feb. 6 1940 (Date rec'd by registrar) F. E. Dudley Jr. Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 5 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-4 1939, to 2-4 1940, and that I last saw her alive on 2-4 1940.

Immediate cause of death Carcinoma of stomach

Due to Cardiac and Renal failure

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. J. Carbo M.D. M. D. or other

Address 1105 Buchanan St. NW Date signed 2-4-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02094

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Sandy Springs
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery County Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 days

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Clarksville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick J. Green

3. (b) Social Security Number None

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 75 Months — Days — If less than one day hrs. min.

9. Birthplace Belfast Maine ?
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name ? Unknown

13. Birthplace

MOTHER 14. Maiden name ? Unknown

15. Birthplace

16. Informant Robert Sardo Md (History of case)

Address Clarksville Md

17. Burial Date thereof 3 1 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Louis Cem

Location Ellicott City, Md

18. Funeral director J C Higginbotham Jr.

Address Ellicott City, Md

19. Feb 28 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28 1940, at 9:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 - 1940, to Feb 28 1940, and that I last saw him alive on Feb 28 1940.

Immediate cause of death Pulmonary Oedema — DURATION 1 day

Due to Terminal Broncho-pneumonia — 2 days

Due to Cerebral hemorrhage — 18 days

Other conditions Arteriosclerosis with hypertension
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert Sardo MD
M. D. or other

Address Clarksville Md Date signed 2/28/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

02095

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery Co. Gen. Hosp. Olney

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Martinsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.R. Poolesville, Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Richard Green

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Unknown

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 25 1871

8. AGE: Years	Months	Days	If less than one day
68	10	20	hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Albert Green

13. Birthplace Howard County Md

MOTHER 14. Maiden name Emily Jackson

15. Birthplace Md.

16. Informant Ernest Palmer

Address Rockville Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb. 18, 1940 (month) (day) (year)

Cemetery or crematory Martinsburg

Location Martinsburg, Md.

18. Funeral director Robert L. Crowder

Address Rockville, Md.

19. Feb 16 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/15/ 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/12/ 1940, to 2/15/ 1940, and that I last saw him alive on 2/15/ 1940

	OURATION
Immediate cause of death Chronic Myocarditis	2.
Due to Bronchio-Pneumonia	6 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Black M. D. or other

Address Sandy Spring, Md. Date signed 2/16/40

RECEIVED
MAR 7 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

02096

CERTIFICATE OF DEATH

Reg. Dist. No. 923-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: 6621 Eastern Ave., Takoma Park, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Linden, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Annie Catherine Grey

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: William J. Grey

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 16, 1846

8. AGE: Years	Months	Days	If less than one day
93 93	6	16	hrs. min.

9. Birthplace: England
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: John Crowder

FATHER — 13. Birthplace: England

MOTHER — 14. Maiden name: Catherine Crowder

MOTHER — 15. Birthplace: England

16. Informant: Mrs. Mureil Royston

Address: Linden, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14, 1940 (month) (day) (year)

Cemetery or crematory:

Location: Laurel, Maryland

18. Funeral director: W. Rubra Pumphrey

Address: 7005 Wis Ave Bethesda Md

19. Feb. 12 1940 (Date rec'd by registrar) J. Holman Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/12 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1937, to 2-12 1940, and that I last saw her alive on 2-11 1940.

Immediate cause of death	DURATION
Arteriosclerotic heart Disease	4 yrs
Due to Arteriosclerotic	20 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. S. Murphy M.D. M. D. or other

Address: Rockville Md Date signed 2/12/40

RECEIVED
MAR 8 1940
BUREAU V. S.

02097

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-L

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Poolesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Alice Guthrie

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: George W Guthrie

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 6-1856

8. AGE: Years 83 | Months 8 | Days 13 | If less than one day hrs. min.

9. Birthplace: Schuyler Co. Mo.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Peter L. Veach
13. Birthplace: Ill.

MOTHER
14. Maiden name: Sara Johnson
15. Birthplace: Indiana

16. Informant: Laurence Guthrie

Address: Poolesville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/22/40 (month) (day) (year)

Cemetery or crematory: Monocacy

Location: Beallsville, Md

19. Funeral director: Hilton & Hall

Address: Poolesville, Md

19 Feb 21 1940 (Date rec'd by registrar) E.W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20th 1940, at 5 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1940, to Feb 20 1940, and that I last saw her alive on Feb 12 1940.

Immediate cause of death: Cardiac organic failure mitral regurgitation

Due to

Due to

Other conditions: General arterial sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 weeks; 3 yrs; 10 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Poolesville Date signed 2/21/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

02098

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Kensington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: West Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. West Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Matthew Thomas Hayde

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of ~~husband or~~ wife Nellie Hayde

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1906

8. AGE: Years 33 | Months 3 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Truck driver and

11. Industry or business Salesman

FATHER 12. Name Edward Hayde

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden name Margaret McQuarrett

MOTHER 15. Birthplace Ireland

16. Informant Mrs. Hannah Granger

Address Kensington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 13, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ St. Johns

Location Forest Glen, Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. Feb. 12 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 10 1940, and that I last saw h[illegible] alive on Feb 9 1940.

	DURATION
Immediate cause of death Uremia	3 wks
Due to Spreading infection from bladder	
Due to Old injury - from accident	5 yrs -
Other conditions (1) Chronic - Nephritis - (2) " - Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Negative

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 1935
Where did injury occur? Wash. D.C.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Automobile accident. Injured at work? ✓

23. SIGNATURE Francis L. Richardson M.D.
M. D. or other
Address 118 Carroll Ave. Takoma Park Md. Date signed 2/10/40

RECEIVED
MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02099

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (92a)

County Montgomery Registration Dist. No. 239

Village or City Takoma Park, Md. No. Washington Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Hiatt - Mrs Hazel Lucen If U. S. Veteran, specify WAR

(a) Residence: No. Laurel Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	American	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hiatt - Mr De Loe

6. DATE OF BIRTH (month, dey, and year) April 14 - 1895

7. AGE Years	Months	Days	If LESS than 1 dey, ___ hrs. or ___ min.
44	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Housewife

10. Dete deceesed iest worked et this occupetion (month and year) Feb 12 - 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Union City (Stete or country) Indiana

FATHER

13. NAME Cagy - Mr Charles

14. BIRTHPLACE (city or town) / (State or country)

MOTHER

15. MAIDEN NAME Miss — Redmen

16. BIRTHPLACE (city or town) / (Stete or country)

17. INFORMANT Washington Sanitarium & Hospital (Address) Takoma Park Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Ivy Hill Laurel Md Date Feb 15th, 1940

19. UNDERTAKER H. H. Kaiser (Address) Laurel Md.

20. FILED Feb. 15, 1940 Cora E. Wachter Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 13, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; deeth is said to have occurred on the date stated above, at 11 35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
a Other Cause	
Cortical degeneration	
had this for several years	
b Contributory Causes of Importance:	
Edema pre gnancy	
She died from lung trouble	
Name of operation ___	Date of ___
What test confirmed diagnosis? ___	Was there an autopsy? ___

28. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) J. E. Hodgkin M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

02100

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery.
City or town Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 207 Baltimore Road.
Stay in hospital or insl. (yrs., or mos., or days) Life no County
Stay in this community (yrs., or mos., or days) about 75 in Rockville (c) IF VETERAN, NAME WAR no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 207 Baltimore Road.
(If rural give LOCATION)

3. (a) FULL NAME Josephine Higgins

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 27 - 1857

8. AGE: Years 82 | Months 8 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Oakdale Montgomery Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home.

FATHER 12. Name Hillary Higgins

FATHER 13. Birthplace Maryland.

MOTHER 14. Maiden name Margret Shaw

MOTHER 15. Birthplace Maryland.

16. Informant Margaret Harris
Address Olney Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 25, 1940 (month) (day) (year)
Cemetery or crematory Rockville Union
Location near Rockville

18. Funeral director Wm Reuben Pumphrey
Address Rockville Md.

19. 2 - 28 1940 Faye Barnsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 1940, at 11:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 23 1939, to February 23 1940, and that I last saw her alive on Feb. 23 1940

Immediate cause of death Carcinoma left leg muscles above knee — DURATION several years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. V. Hartley, M.D. M. D. or other
Address Rockville, Md. Date signed Feb 24, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

02101

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Glenmont Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Glenmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josiah Bartlett Hills

3. (b) Social Security Number

4. Sex M. | 5. Color or race W | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edith A Hills

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21. 1863

8. AGE: 76 Years | Months 4 | Days ✓ | If less than one day hrs. min.

9. Birthplace Washington DC. (Town, county, and state)

10. Usual occupation Dentist

11. Industry or business

FATHER
12. Name Thomas O Hills
13. Birthplace Washington DC.

MOTHER
14. Maiden name Helen V Sargent
15. Birthplace Virginia

16. Informant Edith A Hills
Address Glenmont Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Feb. 23, 1940 (month) (day) (year)
Cemetery or crematory
Location Washington DC.

18. Funeral director S. H. Hines Co.
Address 2901 - 14th St. NW

19. Feb 23 1940 (Date rec'd by registrar) F. E. Dudley Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940, at 2:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from found dead on arrival 19 Feb 23 1940, and that I last saw him ~~alive~~ dead on Feb. 23 1940.

Immediate cause of death Cerebral hemorrhage — DURATION suddenly

Due to gun-shot

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Feb. 23, 1940
Where did injury occur? Glenmont, Montgomery, Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Injured at work?

23. SIGNATURE G. V. Hartley, M.D. M. D. or other
Address Rockville, Md Date signed Feb. 23 1940

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1949
BUREAU V. S.

02102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 25 West Kirk St., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 30 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 25 West Kirk Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mr. Fay Stanley Holbrook

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Scofield Holbrook

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 8, 1887

8. AGE: Years: 53 Months: 0 Days: 26 If less than one day ____ hrs. ____ min.

9. Birthplace: Albany, New York
(Town, county, and state)

10. Usual occupation: Dept. of Wts. & Measures - Bureau of Standards

11. Industry or business

FATHER
12. Name: Thomas W. Holbrook
13. Birthplace: Massachusetts

MOTHER
14. Maiden name: Mary Fay
15. Birthplace: New York

16. Informant: Mrs. Anna S. Holbrook
Address: 25 West Kirk St., Chevy Chase, Md.

17. Cremation
(Burial, cremation, or removal. Which?)
Date thereof: Feb. 6, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Road, Maryland

18. Funeral director: Wm. Reuben Pumphrey
Address: Rockville & Bethesda, Md.

19. Feb. 4 1940 B. C. Berry, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 4 1940, at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 27 1940, to Feb. 4 1940, and that I last saw him alive on Feb. 4 1940.

Immediate cause of death: Acute Coronary Occlusion — DURATION: 5 hrs.

Due to: Gen. Arterio Sclerosis

Due to:

Other conditions: Angina Pectoris — 18 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Sidney Clausius M. D. ~~or other~~
Address: 3921 - Ingomar St. Date signed: 2/5/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 13 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02103

1. PLACE OF DEATH (159)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium and Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Unnamed Baby ~~Sing~~ Female Holmead If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. Silver Spring

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) February 14, 1940.

7. AGE Years | Months | Days | If LESS than 1 day, 6 hrs. or 6 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Takoma Park (State or country) Maryland

FATHER

13. NAME Edward Cornelius Holmead

14. BIRTHPLACE (city or town) Washington (State or country) D.C.

MOTHER

15. MAIDEN NAME Frances Strickland

16. BIRTHPLACE (city or town) Elkton (State or country) Maryland

17. INFORMANT Washington Sanitarium Records (Address) Takoma Park, Maryland

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rock Creek Cem. Date Feb. 16, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) 8424 Georgia ave Silver Spring Md

20. FILED Feb 15, 1940 J. Helm Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 14th, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1940, to Feb 14, 1940

I last saw her alive on Feb 14, 1940; death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	2-14-40

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) V. W. Mitchell M. D.

(Address) Silver Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

02104

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Montgomery
City or town Brookeville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Brookeville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Antonia Catherine Hansen

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife Charles Hansen
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October - 1856

8. AGE: Years	Months	Days	If less than one day
83	5	-	____ hrs. ____ min.

9. Birthplace Nr. Brookeville, Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Home
FATHER 12. Name Samuel B. Watkins
13. Birthplace Nr. Brookeville Md
MOTHER 14. Maiden name Jane Browning
15. Birthplace Nr. Brookeville Md.
19. Informant Mrs. Filmore Beall
Address R.D. Monrovia, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 24, 1940 (month) (day) (year)
Cemetery or crematory Bethesda Cemetery
Location Nr. Brookeville Md.
19. Funeral director J. B. Beall, Inc.
Address Damascus, Md.
19. Feb 23 1940 (Date rec'd by registrar) Della N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby. 22 1940, at 8:45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 11 1940 to Feb. 22 1940, and that I last saw h[illegible] alive on Feby 21 1940.

Immediate cause of death	DURATION
Acute Dilatation of Heart	a few min
Due to Pneumonia, Broncho	11-days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D.
M. D. or other
Address Damascus, Md. Date signed 2-23-40

RECEIVED
MAR 6 1940
BUREAU V. S.

VS. A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 223

02105

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Takoma Park. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 507 Carroll ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 7 Mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Montgomery

(c) City or town Takoma Park. (If outside city or town limits, write RURAL and give town)

(d) Street No. 507 Carroll ave (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Calvin Peter Huestis

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Sarah E.

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 17 1865

8. AGE: Years 74 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Burlington N.Y. (Town, county, and state)

10. Usual occupation

11. Industry or business Retired Musician

FATHER 12. Name James Huestis

13. Birthplace N.Y.

MOTHER 14. Maiden Name Henrietta

15. Birthplace N.Y.

16 (a) Informant James H Huestis

(b) Address 1368 Euclid St. N.W. DC.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 18 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Washington D.C.

18 (a) Funeral director S. H. Hines Co.

(b) Address 2901 14th St. Wash. D.C.

19 (a) Feb 18, 1940 (Date rec'd by registrar) (b) J. A. Healy Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death February 1918, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from found dead on arrival 19__, to Feb. 18 1940 and that I last saw him alive on — 19__.

Immediate cause of death Cerebral apoplexy — Duration suddenly

Due to arteriosclerosis, myocarditis, chronic. C.W.G.R.

Due to Duration; unknown; but several months or more

Other conditions Patient was dead, when physician arrived. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. V. Hartley M.D. M.D. or other

Address Rockville, Md Date signed Feb. 18, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

02106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 312

1. PLACE OF DEATH:

County Near Poolesville Monty Co

City or town Near Poolesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 28 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Henry Johnson

3. (b) Social Security Number 213-12-1037

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Martha Marie Johnson

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) May 4th 1911

8. AGE:

Years	Months	Days	If less than one day
28	9	12	hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name John H. Johnson
13. Birthplace Sugarland, Md

MOTHER
14. Maiden name Ethel Johnson
15. Birthplace Poolesville Md

16. Informant Martha Johnson
Address Poolesville

17. (Burial, cremation, or removal. Which?) Date thereof Feb. 20, 1940 (month) (day) (year)

Cemetery or crematory Poolesville

Location Poolesville Md

18. Funeral director Clarence H Davis
Address Poolesville Md

19. Feb 19 1940 (Date rec'd by registrar) E.W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1946, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw it alive on 19 .

Immediate cause of death Acute Cardiac failure

Due to Found dead in room in act of putting on his boots preparatory to going to work

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C E Hawks M.D.
Address Rockville Md Date signed 2/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95C)

02107

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Springs, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Colesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosa L. Johnson.
3. (b) Social Security Number None

4. Sex Female
5. Color or race A. A.
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 2, 1920

8. AGE: Years 19 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace Colesville, Md.
(Town, county, and state)
10. Usual occupation General Housework
11. Industry or business
FATHER 12. Name Branson Johnson (deceased)
13. Birthplace Colesville, Md.
MOTHER 14. Maiden name Ella N. Smith
15. Birthplace Colesville, Md.
16. Informant Ella N. Smith
Address Colesville, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)
Cemetery or crematory Good Hope.
Location Colesville, Md.
18. Funeral director Robert L. Snowden.
Address 246 N. Wash. St Rockville, Md.
19. Feb. 17 1940 F. E. Dudley Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 11 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw alive on 19 .
Immediate cause of death Coroner Case
acute Cardiac
Due to failure Pregnant about five months. Feet Swollen
Other conditions general oedema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Hawk
Deputy Medical Examiner M. D. or other
Address Rockville Md Date signed 2/15/40

RECEIVED
MAR 6 1949
BUREAU V. S.

02108

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-C

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Hollywood, Colesville No., Md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lydia Irene Kelly If U. S. Veteran, specify WAR —

(a) Residence: No. Hollywood, Colesville St., Ward. Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John F. Kelly

6. DATE OF BIRTH (month, day, and year) Oct. 26, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Luray Va.

FATHER

13. NAME — Jett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John F. Kelly (Address) Hollywood, Colesville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St John's Cem. Date Feb. 20, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED Feb 18, 1940 F. E. Dudley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2/17/ (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/1/, 1939, to 2/17/, 1940

I last saw her alive on 12/10/, 1939; death is said to have occurred on the date stated above, at 4 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2/17/40

Other Contributory Causes of importance:

Chronic Myocarditis: Chronic Interstitial Nephritis with Hypertension 1928

Name of operation None Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ____, 19____

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) J. W. Bird M. D.

(Address) Sandy Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-C

02109

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Beallsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Randolph Luhn

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Sara Elizabeth Luhn

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29-1852

8. AGE: Years	Months	Days	If less than one day
87	4	16	hrs. min.

9. Birthplace Dickerson, Montg. Co. Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Christopher Luhn

13. Birthplace Germany

MOTHER 14. Maiden name Rebecca Sellman

15. Birthplace Germany

16. Informant Mrs. William Roberts

Address Beallsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 18-40 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilton

Address Barnesville, Maryland

19. Feb 16 1940 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15th 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1940 to Feb 15 1940, and that I last saw him alive on Feb 15 1940.

	DURATION
Immediate cause of death Dilated Heart	2 days
Due to Myocarditis	
Due to Sarcoma of carved glands of the neck	4 mo
Other conditions General arterial sclerosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W White M. D. or other

Address Poolesville Date signed

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

02110

Reg. Dist. No. 21-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days): 4½ hours

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Sandy Spring, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Tenant house at Slade School
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lee

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Single

B (b) Name of husband or wife:

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): February 6, 1940

8. AGE: Years: — Months: — Days: — If less than one day: ½ hrs. 30 min.

9. Birthplace: Olney, Montgomery County, Md.
(Town, county, and state)

10. Usual occupation: Invalid

11. Industry or business:

FATHER
12. Name: John Wilson Lee
13. Birthplace: Sandy Spring, Md.

MOTHER
14. Maiden name: Daisy Parker Walker
15. Birthplace: Sandy Spring, Md.

16. Informant: Hospital Records
Address:

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Feb 7 1940 (month) (day) (year)

Cemetery or crematory: Rockville Md

Location: Rockville Md

18. Funeral director: Robert L Snouffer

Address: Rockville Md

19. Feb 6 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 6 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 1940, to February 6 1940, and that I last saw her alive on February 6 1940.

Immediate cause of death	DURATION
Pneumonia	
Due to 6½ months	
4 Wks.	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Sandy Spring, Md. Date signed: 2/6/40

RECEIVED
MAR 7 1940
BUREAU U. S.

02111

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town near Darnestown Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D. # 3 Gaithersburg Md

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 102 yrs - 7 mo - 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural near Darnestown Ward No. Md

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. # 3 Gaithersburg Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Susan Mariah Lee

3. (b) Social Security Number —

4. Sex F

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Samuel Lee

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1837 July 10

8. AGE: Years 102 Months 7 Days 01 If less than one day ____ hrs. ____ min.

9. Birthplace Montg. Co Maryland (Town, county, and state)

10. Usual occupation Home maker

11. Industry or business Housekeeping

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden name Martha Baker

15. Birthplace Montg. Co Maryland

16. Informant Laura E. Tally

Address R.F.D. - Gaithersburg

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 14 - 40 (month) (day) (year)

Cemetery or crematory Poplar Grove Church

Location near Darnestown Md

18. Funeral director Robert Snowden

Address Rockville Md

19. Feb 13 1940 (Date rec'd by registrar) Upton D. Hoyerse M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11th 1940, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1920 to Feb. 6 1940, and that I last saw her alive on Feb. 6 1940.

Immediate cause of death Acute myocarditis — DURATION 10 da.

Due to Genl arterial sclerosis — 10 yrs

Due to

Other conditions Chronic leg ulcer following severe burn of leg (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Upton D. Hoyerse M.D. M. D. or other

Address Dawsonville Md Date signed ____

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

02112

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (47-d)

County of Montgomery Registration Dist. No. 223-

Village or City Takoma Park - Md. No. Wash. San. & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 20 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Marshall - Miss Mary S. If U. S. Veteran, specify WAR ___

(a) Residence: No. Highland Apts # 403 St., Ward. Connecticut & Calif Sts. Wash D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. COLOR OR RACE: American

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): April 7 - 1860

7. AGE: Years 79 | Months 2 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Government Worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Clerk

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 42 yrs.

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Marshall - William T.

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: King - Sarah Ann

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Wash. San & Hospital Takoma Park - Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Wash. D.C. Date Feb. 6, 1940

19. UNDERTAKER (Address): Alonus R. Speare 3034 M Street N.W. Wash. D.C.

20. FILED Feb. 6, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 6th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1940, to Feb 6, 1940

I last saw her alive on Feb 5, 1940; death is said to have occurred on the date stated above, at 6 46/a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of lungs -	unknown
Hypertensive Heart disease	3 yrs.

Other Contributory Causes of Importance:

Cerebral arteriosclerosis

Name of operation ___ Date of ___

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) A. E. Coyne M. D.

(Address) Washington San & Hosp. Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02113

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgo. Md
City or town Glenn Mills, Rockville, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgo Co
City or town Glenn Mills Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Martin

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 12, 1940

8. AGE: Years | Months | Days | If less than one day: 2 hrs. min.

9. Birthplace Rockville, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Robert Martin
13. Birthplace Md.

MOTHER 14. Maiden name Ethel L Fair
15. Birthplace Md.

16. Informant Robert Martin
Address Glen Mill, Rockville, Md

17. Buried Date thereof Feb. 13, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Glenn Mills
Location Union Valley Md.

18. Funeral director Robert L. Saunders
Address Rockville, Md.

19. March 2 1940 Faye Bamley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1940, to Feb 12 1940, and that I last saw him alive on Feb 12 1940.

Immediate cause of death	DURATION
Central asphyxia	
Due to Lues	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C E Hawks M D
Address Rockville Md M. D. or other
Date signed 2/13/40

RECEIVED
MAR 15 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

02114

Reg. Diat. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: 6314 Conn. Ave., Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 6314 Conn, Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Lizzie Burton Morsell

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Herndon Morsell
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 9, 1857

8. AGE: Years	Months	Days	If less than one day
83	7	8	hrs. min.

9. Birthplace: Cambridge, Massachusetts
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Edward Burton
13. Birthplace: England

MOTHER
14. Maiden name: Nancy Dunlop
15. Birthplace: Maine

16. Informant: Mr. H. Tudor Morsell
Address: 6317 Conn. Ave., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 20, 1940 (month) (day) (year)
Cemetery or crematory: Glenwood
Location: Washington, D.C.

18. Funeral director: W Reuben Pumphrey
Address: 7005 Wis ave Bethesda Md

19. Feb. 19 to 40 (Date rec'd by registrar) B.C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-16-40 19 , at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1935 19 , to 2-16-40 19 , and that I last saw her alive on 2-16-40 19 .

Immediate cause of death	La Grippe	
Due to		
Due to		
Diher conditions	Hypostatic pneumonia Cardio Vascular renal (Include pregnancy within 3 months of death)	

DURATION

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to exfernal causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James F Davidson M D
M. D. or other
Address: 203 Elm Ch Md Date signed 2-16-40

RECEIVED
MAR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02115

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
County Moulgomery
City or town Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
#2 - Maurice Street
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Moulgomery
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2 - Maurice Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Jesse Arnold Pool

3. (b) Social Security Number 578 - 10 - 7009

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eva Cooper Pool
6(c) If alive, give age about 35 years

7. Birth date of deceased (mo., day, yr.) August 13 - 1899

8. AGE: Years	Months	Days	If less than one day
40	6	1	hrs. min.

9. Birthplace Lowndale - Texas (Town, county, and state)
10. Usual occupation Motorman
11. Industry or business Street Car
FATHER 12. Name Jesse L. Pool
13. Birthplace Texas
MOTHER 14. Maiden name Lena Boaz
15. Birthplace Texas
16. Informant Mrs Eva L Pool
Address Rockville - Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 16 1940 (month) (day) (year)
Cemetery or crematory Presbyterian Ch. Gem
Location Damascus - Maryland
18. Funeral director Wm. Henkel Dunsburg
Address Rockville - Maryland
19. 2-16- 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 11.40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14 1940 to Feb 14 1940, and that I last saw h[illegible] alive on Feb 14 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	4 hrs.
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Esther F. Kuhn M.D.
M. D. or other
Address Rockville, Md Date signed Feb 14, 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

02116

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: 31 Williams Lane, Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 31 Williams Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Agnes M. Prichard

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Mason C. Prichard, Sr.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 10, 1871

8. AGE:

Years	Months	Days	If less than one day
68	5	8	____ hrs. ____ min.

9. Birthplace: Scotland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: William Montgomery

13. Birthplace: Scotland

MOTHER

14. Maiden name: Jean Gray

15. Birthplace: Scotland

16. Informant: Mr. Mason C. Prichard, Jr.

Address: 31 Williams Lane, Chevy Chase, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Feb. 21, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Md.

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wis. Ave. Bethesda Md.

19. Feb. 19 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 18 1940, at 8.20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause (a) Coroner Case	
Due to: Cerebral hemorrhage	
Due to: Unattended by a Physician	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ injured at work?

23. SIGNATURE: C. E. Hawkins M.D. or other

Address: Rockville Md. Date signed 2/18/40

RECEIVED
MAR 15 1940
BUREAU V. S.

Rhode Island

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

02117

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: 8914 – 2nd ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring, Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 8914 – 2nd ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Josephine Leeders Prosperi

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Augustus Grant Prosperi

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 17, 1852

8. AGE: Years: 88 | Months: 0 | Days: 9 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Annapolis, Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: John Thomas Hyde

FATHER — 13. Birthplace: Annapolis, Md

MOTHER — 14. Maiden name: Ann Leeders

MOTHER — 15. Birthplace: Annapolis, Md.

16. Informant: Mrs. C. L. Fantine

Address: 8914 2nd ave, Silver Spr. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 4, 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Naval Cemetery

Location: Annapolis, Md.

18. Funeral director: Warner E. Pumphrey

Address: Silver Spring, Md.

19. Feb. 29 1940 (Date rec'd by registrar) E. E. Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 27 1940, at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22 1940, to Feb 27 1940, and that I last saw h alive on Feb 22 1940.

Immediate cause of death: Coronary thrombosis — DURATION: 5 days

Due to: Arteriosclerosis

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ____ Injured at work?

23. SIGNATURE: William D. Aud M.D. (M. D. or other)

Address: Silver Spring, Md. Date signed 2/27/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02118

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Rural near Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rural near Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Helen May Quaintance

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Dr. Altus L. Quaintance

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 2, 1870

8. AGE: Years: 69 Months: 5 Days: 25 If less than one day: ____ hrs. ____ min.

9. Birthplace: Wisconsin (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER

12. Name: Wilbur F. Yocum

13. Birthplace: Salem, Ohio

MOTHER

14. Maiden name: Sarah Esther Hanchett

15. Birthplace: Chicago, Illinois

16. Informant: Dr. Altus L. Quaintance

Address: Silver Spring, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: March 1, 1940 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Bladensburg Rd., Pr. Geo. Co. Md.

18. Funeral director: Warner E. Pumphrey

Address: Silver Spring, Md.

19. Feb. 29 1940 (Date rec'd by registrar) E. E. Hendley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 27 1940, at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17 1940, to Feb 27 1940, and that I last saw her alive on Feb 27 1940.

	DURATION
Immediate cause of death: Acute Congestive Heart Failure	2 hrs
Due to: Arteriosclerosis general	
Due to:	
Other conditions: Cystaminosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W B Wardrop M.D. (M. D. or other)

Address: 913 Bonifant St. Date signed: 2/28/40

RECEIVED
MAR 6 1940
BUREAU V. S.

02119

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93d)

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eudora Autterson If U. S. Veteran, specify WAR

(a) Residence: No. Autterson St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed James T. Autterson

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years 90 Months Days If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Chautauqua Co., N.Y. (State or country)

FATHER

13. NAME Mr. Newell

14. BIRTHPLACE (city or town) unknown (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Emily Jones (Address) 429- N. Jackson St., Arlington

18. BURIAL, CREMATION, OR REMOVAL Place Arlington, Va. Date Feb. 19, 1940

19. UNDERTAKER Ives (Address) Arlington, Va. Phone Oxford 2062

20. FILED Feb. 16th, 1940 J. Wm. Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1937, to 2/16, 1940

I last saw her alive on 2/16, 1940; death is said to have occurred on the date stated above, at 6 30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Dig Myocarditis	2/8/37
Failure	14 days

Other Contributory Causes of Importance: Gen Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard T. Morse M. D.

(Address) 28 Carroll Ave Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

MAR 2 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02120

1. PLACE OF DEATH (121-a)

County Montgomery — Registration Dist. No. 216

Village or City Bethesda — No. 4616 DeRussey Parkway St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Agnes Reid

(a) Residence: No. 4616 DeRussey Parkway, Bethesda, Md. St., Ward

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 15, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	80	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired, Govt.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Printing Office

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Airshire, Scotland

FATHER

13. NAME George Reid

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Marianne Ross

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Marion H. Gates
(Address) 4616 DeRussey Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Glenwood Cem. Date Feb. 8 cb, 19 40

19. UNDERTAKER The S. H. Hines Co.
(Address) 2901 14th St. N.W., Wash, D.C.

20. FILED 2-6, 19 40 B. C. Perry M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1940, to 2-6, 1940

I last saw her alive on 2-6, 1940; death is said to have occurred on the date stated above, at 8:15 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Asthenia	2-3-40
Other Contributory Causes of importance:	
Cardiovascular renal disease	1930

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Herbert A. Gates M. D.

(Address) 115 12th St. SE

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

02121

CERTIFICATE OF DEATH

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Linden, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Linden Lane & Monroe St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Isabella Gilbert Richards

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Thomas Richards

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1872

8. AGE:

Years	Months	Days	If less than one day
68	1	0	hrs. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John Gilbert

13. Birthplace Unknown

MOTHER 14. Maiden name Annie Hay

15. Birthplace Massachusetts

16. Informant John R. Rice

Address 729 Westminster Ave., Phila., Pa.

17. Removal & burial date thereof Feb. 21, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ West Laurel Hill

Location Montgomery County, Penna.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19 2-21 1940 J. E. Lindsey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1940, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 31 1938, to Feb. 20 1940, and that I last saw h~~er~~ alive on Feb. 20 1940.

	DURATION
Immediate cause of death Acute Cardiac decompensation	2 days
Due to Chronic myocarditis	
Due to	
Other conditions Diabetes Mellitus Angina pectoris	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Marion Bandhead M.D.
M. D. or other

Address Silver Spring, Md. Date signed 2/20/40

RECEIVED
MAR 8 1940
BUREAU V. S.

02122

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring No. Cedarcroft Sanitarium St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 1/2 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William F. Ryan If U. S. Veteran, specify WAR World War

(a) Residence: No. 1525 17th St. N.W. St., Ward. Wash. D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Hannan

6. DATE OF BIRTH (month, day, and year) Dec. 13, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
46	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Plumbing

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Contractor

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) District of Columbia (State or country)

FATHER

13. NAME Michael Ryan

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Hannan

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mary Hannan (Address) 1521 17th St N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date 2-11-, 1940

19. UNDERTAKER Timothy Hanlon (Address) 641-14-St. N.E.

20. FILED Feb. 11, 1940 F. E. Wadley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1940, to Feb. 11, 1940. I last saw him alive on Feb. 11, 1940; death is said to have occurred on the date stated above, at 7.50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other Contributory Causes of Importance:

Exhaustion

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Richard B. Thibadeau M. D.

(Address) 2012 R. St. N.W. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

02123

CERTIFICATE OF DEATH

Reg. Dist. No. 21 2

1. PLACE OF DEATH:

County Montgomery

City or town Near Dickerson R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas J. Shreve

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Claudia Shreve

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July 12-1870

8. AGE:

Years	Months	Days	If less than one day
69	6	19	____ hrs. ____ min.

9. Birthplace Dickerson, Montg. Co. Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Daniel Shreve

13. Birthplace Dickerson, Md

MOTHER

14. Maiden name Margaret Jones

15. Birthplace Maryland

16. Informant Mrs Thomas Shreve

Address Dickerson, Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/5/40 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilton

Address Barnesville, Md

19. Feb 2 1940 (Date rec'd by registrar) E W Whild Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 1940, to 2/1 1940, and that I last saw him alive on 2/1 1940

		DURATION
Immediate cause of death	acute myocarditis	2 days
Due to	arterial sclerosis	
Due to	mitral insufficiency	1933
Other conditions	apoplexy	1935

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E W Whild M. D. or other

Address Poolesville Md Date signed 1/2/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-A)

CERTIFICATE OF DEATH

02124

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 913 Eligo Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 913 Eligo ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick Steinle

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Clara Jouvenal Steinle

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1862

8. AGE: Years 77 | Months 9 | Days 18 | If less than one day hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Retired Baker

11. Industry or business

FATHER 12. Name Johann Steinle

FATHER 13. Birthplace Germany

MOTHER 14. Maiden name Marie Strodel

MOTHER 15. Birthplace Germany

16. Informant Miss Marie K. Steinle

Address 913 Eligo Ave., Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 3, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Rock Creek

Location Washington, D.C.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. February 1 1940 (Date rec'd by registrar) F. E. Dudley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1940, at 5:30 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14 1934, to Feb. 1 1940, and that I last saw him alive on Jan. 31 1940.

	DURATION
Immediate cause of death: Carcinoma of right kidney	3 years
Due to	
Due to	
Other conditions Arteriosclerosis	5 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Howlett, M. D. M. D. or other

Address 928 Eligo ave, Silver Spring, Md. Date signed

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

02127

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: # 35 Drummond Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William David Wheatley,

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Rebecca C. Wheatley

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1854

8. AGE: Years	Months	Days	If less than one day
85	11	12	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Maryland

MOTHER 14. Maiden name Eliza Truitt

15. Birthplace Maryland

16. Informant Mrs. Hugh Frampten

Address 35 Drummond Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-2-40 (month) (day) (year)

Cemetery or crematory Easton, Md.

Location

18. Funeral director The S H Kines Co

Address 2901-14th St N.W. Wash DC.

19. 2-29 (Date rec'd by registrar) 1940 B. C. Camp, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death	Coronary Embolism	DURATION Instantaneous
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bradley Hodgkins MD M. D. or other

Address 4600 Chevy Chase Blvd Date signed 2/28/40

This certificate signed by me at request and with approval of Deputy Coroner Dr. Hawks

Rockville, Md.

Bradley D Hodgkins M.D.

RECEIVED
MAR 6 1940
BUREAU V. S.

02125

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. 507 Carroll Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME CHARLES C. SWISHER

(a) Residence: No. 1810 KAL Rd N W Wash St. D C Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-7-1850?

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	92?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. College proffessor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Muncy Va

FATHER

13. NAME Charles Swisher

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Lucinda Clinton

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT L. G. Connor (Address) 5299 Conduit Rd N.W.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 2-4, 1940

19. UNDERTAKER Jos Gawler's Sons (Address) 1756 Pa Ave N.W.

20. FILED 2/5, 1940 J. Wilmer Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1940, to Feb. 5, 1940

I last saw him alive on Feb. 4, 1940; death is said to have occurred on the date stated above, at 11:35 a.m. P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Bronchitis

Date of onset

Other Contributory Causes of importance: Senility (Exhaustion)

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Thomas A. Claytor M. D.

(Address) 1826 R N.W. Wash D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

02126

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montg Co
City or town: Gaithersburg (City)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montg
City or town: Gaithersburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie M Walker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: James K Walker

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 10th 1857

8. AGE: Years	Months	Days	If less than one day
1857 82	9	4	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: House Wife, & School Teacher

11. Industry or business

FATHER
12. Name: H M Myers
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Campbell
15. Birthplace: Md

18. Informant: Miss Grace Walker
Address: Gaithersburg Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Feb (day) 18th (year) 40
Cemetery or crematory: Forest Oak Cemetary.
Location: Gaithersburg Md

18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md

19. (Date rec'd by registrar) Feb 17 1940 Registrar: Abuda S. Cooke

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 14 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 1940, to Feb 14 1940, and that I last saw her alive on Feb 14 1940.

	DURATION
Immediate cause of death: Uraemia	4 days
Due to: Acute Nephritis	7 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: F. J. Bouchat M.D.
M. D. or other
Address: Gaithersburg Date signed: Feb 17 1940

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

02128

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Monty. Co. Genl Hospital

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. 7. D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Willcox

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 13, 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.
Stillborn

9. Birthplace Olney, Monty. Co. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Vestus Jesse Willcox
13. Birthplace Elmira N. Y.

MOTHER
14. Maiden name Catherine Spurrier
15. Birthplace Monty Co. Maryland.

16. Informant Mrs. Vestus Willcox
Address Gaithersburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 14 1940 (month) (day) (year)

Cemetery or crematory Home Cemetery

Location Near Unity Md

18. Funeral director Roger Barber

Address Laytonsville Md

19. Feb 13 1940 (Date rec'd by registrar) Gertrude B. Lawlor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 4:30 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 13 1940, to Feb. 13 1940, and that I last saw h— alive on Stillborn 19—

Immediate cause of death	DURATION
Unknown	
Due to 5 mos pregnancy	
Due to —	
—	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J M B [illegible] M. D. or other

Address Sandy Spring, Md Date signed 2/13/40

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MAR 7 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(77)

02129

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Rural near Germantown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 5

Stay in this community (yrs., or mos., or days): 5 Last Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rural Germantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: George Williams

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Widower

6 (b) Name of husband or wife: Mary Williams

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Aug 11 - 1839

8. AGE: Years	Months	Days	If less than one day
100	6	11	____ hrs. ____ min.

9. Birthplace: Montgomery Co Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER
12. Name: Edward Williams
13. Birthplace: Howard Co md

MOTHER
14. Maiden name: Eliza Sinus
15. Birthplace: Howard Co md

16. Informant: Carrie Brown
Address: Germantown md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 25 1940 (month) (day) (year)

Cemetery or crematory: Oak Grove md

Location: Mt Zion Montgomery Co md

18. Funeral director: Roy W Barber

Address: Laytonsville md

19. Feb 24 1940 (Date rec'd by registrar) Alsuda L Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 22 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/4- 1940, to 2/4 1940

and that I last saw h- alive on 2/4- 1940

Immediate cause of death	Senile Gangrene	DURATION
Due to	Senile Senility	
Due to	✓	
Other conditions	✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: ✓

Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: J. N. Simpson M. D. or other

Address: Gaithersburg Date signed 2/24/40

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MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02130

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (94a)

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ETHEL IRENE WINN. If U. S. Veteran, specify WAR

(a) Residence: No. 100 Westmoreland Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. COLOR OR RACE: W. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of: Erin L. Winn

6. DATE OF BIRTH (month, day, and year): Aug 25, 1881.

7. AGE — Years: 58 | Months: 5 | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): | 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Florida.

FATHER

13. NAME: T. J. Moore

14. BIRTHPLACE (city or town) (State or country): Georgia.

MOTHER

15. MAIDEN NAME: Martha Barker

16. BIRTHPLACE (city or town) (State or country): Georgia.

17. INFORMANT: Mrs. L. E. Williams (Address) 624 Carroll Ave. T.P. Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Washington Memorial Park Date: Feb 24, 1940

19. UNDERTAKER: J. Arthur Stallers (Address) 257 Carroll Ave. Takoma Park, D.C.

20. FILED: Feb 22, 1940 J. Allan Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) / 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935, to 2/22, 1940

I last saw h[illegible]elive on 2/22, 1940; death is said to have occurred on the date stated above, at 10 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	2/22/40

Other Contributory Causes of importance:

Hypertension.	1934
Chr. Deg. Myocarditis with Coronary disease	10/13/35

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard V. Moore M. D.

(Address) 26 Carroll Ave, Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAR 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-B)

02131

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 918 - Thayer ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 918 Thayer ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Norman Wootton
3. (b) Social Security Number None

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
B (b) Name of ~~husband~~ or wife Edith Chiswell Wootton
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 22. 1869
8. AGE: Years 70 Months 7 Days 22 If less than one day hrs. min.
9. Birthplace Poolesville, Md. (Town, county, and state)
10. Usual occupation Hauling Contractor
11. Industry or business
FATHER 12. Name Dr Edward Wootton
13. Birthplace Rockville, Md.
MOTHER 14. Maiden name Bettie O'Rear
15. Birthplace Fauquier Co., Va.
16. Informant Edith C. Wootton
Address 918. Thayer ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17 1940 (month) (day) (year)
Cemetery or crematory Monocacy Cemetery
Location Beallsville, Md.
18. Funeral director Warner E. Pumphrey
Address 8424. Ga. ave., Silver Spring, Md
19. Feb. 16 1940 (Date rec'd by registrar) T. E. Wudley Registrar Lifty

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14, 1940, at 9:40 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938, to Feb. 1940, and that I last saw him alive on Feb. 14 1940.

Immediate cause of death	DURATION
Acute Dilatation of Heart.	acute.
Due to Congestive Heart failure.	2 weeks.
Due to Chronic glomerular nephritis	2 years.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W B Wardsop MD. M. D. or other
Address 913 Bonifant St. Date signed 2/15/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1918
BUREAU V. S.